

Health Benefit Services Division

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PREMIUM DISCREPANCY NOTICE

Today's I	Agency / Unit Code											
Carrier /												
CalPERS												
<u> </u>		<u> </u>										
Member		SSN:										
	Γ	Was Paid				Should be Paid						
	ay riod	Plan Code	Member Share	Employer Share	Total Premiu	m	Plan Code	Member Share	Employer Share	Total Premium		
						+						
						-						
	-											
	+					-						
Please check t			n adjustme			Prei	miums st	art date to e	arly	L		
Incorre	١	Wrong SSN being used										
Incorre		Cancelled coverage - still paying premiums										
No Prei Missing		Incorrect adjustment made previously Active Premiums paid but member is retired										
SCO Comment		nuni r	ayinent			TOU	ve i iciili	umo palu bu	it member 19	remed		
Permar	Permanent Intermittent Employee no pay issued for coverage month.						Employee has not received pay pending to agency action.					
Employ or on a	Premiums already issued on											